PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS. This form should be used for treasmitting the ISSUE FEE and PUBLICATION FEE (if required). Blacks I though 5 should be completed when supportants. All induce correspondence, including the framework, and sometimes of the correspondence condended and included the correspondence convergence consistence for the mixed to the current correspondence deforms an indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance for onlifetions.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

24197 7590 12/09/2008

KLARQUIST SPARKMAN, LLP

121 SW SALMON STREET **SUITE 1600** PORTLAND, OR 97204

FILED VIA EFS ON FEBRUARY 4, 2009

| APPLICATION NO. | CATION NO. FILING DATE | | FIRST NAMED INVENTOR | | ORNEY DOCKET NO. | CONFIRMATION NO. |
|---|---|---------------------------|---|---|----------------------------|-------------------------|
| 10/591,736 09/01/2006 FITLE OF INVENTION: REINFORCED RETAINING WALL AND ME | | | James Hammer THOD OF CONSTRUCTION | | 1342-68369-03 | 1721 |
| APPLN, TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | YES | \$755 | \$300 | \$0 | \$1055 | 03/09/2009 |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS | | | |
| LAGMAN, FREDERICK LYNDON | | 3672 | 405-286000 | | | |
| I. Change of correspondence address or indication of "Pcc Address" (37 CFN 1.50). CRN 1.50: Change of correspondence address (or Change of Correspondence Address form PTO/SB122) attached. Jec Address" indication (or "Pcc Address" Indication form PTO/SB147; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patient front page, list (1) the names of up to 3 registered patient attorneys or agents OK, alternatively. (2) the name of a single firm (having as a member a 2 registered patient attorneys or agents. If no name is listed, no name will be printed. | | | |
| PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIG | ess an assigned is identi h in 37 CFR 3.11. Comp GNEE | | THE PATENT (print or type data will appear on the purity of a substitute for filing and (B) RESIDENCE: (CITY | tent. If an assignee is assignment, and STATE OR COUN | | cument has been filed |
| | Systems, Inc. | categories (will not be n | Salem, Orego rinted on the patent): | | tion or other private grou | in entity Governme |
| a. The following fee(s) a State Fee Publication Fee (N | | ermitted) | b. Payment of Fec(s): (Plea A check is enclosed. Payment by eredit can The Director is hereby overpayment, to Depo- | ic first reapply any pro | evlously paid issue fee s | hown above) |
| a. Applicant claim | tus (from status indicated s SMALL ENTITY statu | s. See 37 CFR 1.27. | b. Applicant is no long | | | |
| Authorized Signature | ecords of the United Star | 3/1 | od from anyone other than the Office. | Date Februa Registration No. | ry 4, 2009 | assignee of other party |

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.